Title: Rapid HIV counseling and testing for women in labor with unknown HIV status

Health department/organization: New Jersey Department of Health and Senior Services

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Goal: Promote rapid HIV testing at labor and delivery

Program type: Rapid testing

Collaborators: Other HIV/AIDS program staff; HIV/AIDS surveillance; MCH partners; hospital association, professional medical societies, consumers

Background/Objectives

Enhanced perinatal surveillance system data indicated that the major missed opportunity for the maximum reduction of perinatal HIV transmission in New Jersey in 1999-2000 was women who present in labor with unknown HIV status. A contributing factor was lack of, or inadequate, prenatal care. A hospital survey in the 3 highest prevalence counties indicated that none of the hospitals had policies, procedures, or the capability to do rapid HIV testing and offer short course therapy. A standard of care for women in labor with unknown HIV status was developed as a collaborative effort with stakeholders. The goal was the maximal reduction of vertical HIV transmission. The objective was to have rapid HIV testing and short course therapy available at all New Jersey hospitals that are licensed to do deliveries.

Methods

Meetings with stakeholders began October 31, 2000, to develop an approach to reduce the missed opportunity of women presenting in labor with unknown HIV status. The collaborating partners included: pediatricians, obstetricians, professional medical organizations, (the Medical Society of New Jersey, The Infectious Diseases Society of New Jersey, the New Jersey Chapter of American College of Obstetricians and Gynecologists, the New Jersey Hospital Association, consumers, nurses, infection control professionals, laboratory directors, hospital CEOs, the New Jersey AIDS Education and Training Center, and representatives from the Statewide Family Centered HIV Care Network (Title IV) sites. A standard of care was developed with input from all the stakeholders. Dissemination began in January 2002 with mailings to multiple staff at all hospitals licensed to do deliveries (i.e. chair of obstetrics and gynecology, chair of pediatrics, chair of the emergency department, medical director, head nurse of labor and delivery, CEO, executive committee, infection control professional, lab director, risk management), continuing medical education (CME) journal articles, CME lectures, conferences, Web-based CME sites, and a series of 4 evening dinner CME sessions. The initiative was evaluated by a hospital survey, the survey of child bearing women including zido-vudine (ZDV) testing, and continuing assessment via the enhanced perinatal surveillance system.

Results

In a repeat hospital survey in the spring of 200, 24 of 59 (41%) hospitals responded. The survey showed that 96% of responding hospitals knew about the standard of care, 86% offered rapid

testing (an increase from 0%), 89% offered short course therapy (an increase from 0%), 67% had rapid testing available (an increase from 0%) and those not offering rapid testing planning to provide rapid testing in the future. The survey of child bearing women in 2003 indicated 84% of newborns had received ZDV. This is an increase from 74% in 2001, the year prior to dissemination of the standard of care. The enhanced perinatal surveillance system data showed that the perinatal transmission rate has remained stable at 3% between 2001 and 2003. However, women in labor with unknown HIV status continue to represent the major missed opportunity in New Jersey. Of 7 children infected perinatally in 2003, 6 were born to women who presented in labor with unknown HIV status. Two of these women were diagnosed after delivery, 3 were diagnosed prior to becoming pregnant but had no prenatal care, 1 was diagnosed prior to pregnancy and started prenatal care at 7 months gestational age and was non-adherent to antiretroviral agents, and one mother/newborn had all the appropriate obstetrical care to reduce the risk of HIV transmission. Twenty-three CME programs for providers have been completed with 1,299 attendees.

Conclusions

Thus far, the initiative to have rapid testing and short course therapy available at New Jersey hospitals has been successful. Hospitals know about the standard of care. Many hospitals now have rapid testing and short course therapy available for women who present in labor with unknown HIV status. However, as with any statewide effort, it takes time to have universal adoption and implementation of the recommendations.

In a continuing effort to reduce vertical HIV transmission, a repeat hospital survey is being conducted to identify hospitals in need of technical assistance to start rapid testing and short course therapy; a missed opportunity work group composed of providers has been established to address missed opportunities on a case-by-case basis; a fall CME conference on reducing perinatal HIV transmission in November 2005 is in the planning stages; Web-based CME is being developed; and a media campaign has been initiated. Enhanced perinatal surveillance and the survey of child bearing women are ongoing efforts to evaluate each step of the initiative and identify the major missed opportunities and the contributing factors so they can be addressed and evaluated.

Continuing evaluation through enhanced perinatal surveillance, the survey of child bearing women, and other studies are needed to continually evaluate the implementation and effectiveness of all current recommendations to reduce mother-to-child HIV transmission. This information is then used to continually update and refine the prevention efforts.